

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. A 1880 Office of Registrar of Vital Statistics. Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Gallagher
Sex, Female { Cross out the word not required in this line. }
Age, Forty-four Years, Four Months, Sixteen Days.
Color, White.
Married, Single { Cross out the words not required in this line. }
Occupation, _____
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland.
Duration of Residence in the City of Baltimore, Thirty-two Years.
Place of Death, { Give Street and Number. } 1408 Hull St
Cause of Death, { First (Primary), Second (Immediate), } Menopause, Dysentery.
Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery
Date of Burial, August 1 1887
{ Undertaker, Bernard Harle } McLaker Hooper M. D. Medical Attendant.
{ Place of Business, 115 West St. } Address, 1329 Hull St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

ait No. 1881

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 30th / 1881

Full Name of Deceased, Regina Leidberg
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, 57 Years, 1 Months, 3 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, Single
{ Cross out the words not required in this line. }

Occupation, House Keeper

Birth Place, Germany
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 48 years

Place of Death, 1631 Cuba Street
{ Give Street and Number. }

Cause of Death, Conjunctive Chills
{ First (Primary), Second (Immediate), } been complaining 3 weeks &

Duration of Last Sickness, thira chills she has had within one week.

All the above information should be furnished by the Physician.

Place of Burial, Mans Carmell

Date of Burial, August 1 / 1881

Undertaker, Bernard Harle

E W Jamney M. D.
Medical Attendant.

Place of Business, 115 West St. Address, 1221 1/2 St. Highlan

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 1882 Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31st, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stanislaus Skebinski

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 10 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Since Birth

Duration of Residence in the City of Baltimore, # 1920 Canton Av

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus C. M.

Date of Burial, August 2nd

Undertaker, John H. Rehberger M. D.

Place of Business, 1732 W. Ann St Address, #1709 Albee Anna St

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[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to last of diseases on back

Health Department, City of Baltimore.

Permit No. 1883 Office of Registrar of Vital Statistics.

Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 30th

Full Name of Deceased, George Henry Karn

Sex, Male or ~~Female~~, Male

Age, 14 Years, 14 Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, 1634 Belair av Balt Md

Birth Place, 1634 Belair av

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 1634 Belair av

Cause of Death, Dentition & Cholera Infantum
Meningitis

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Aug 1st

Undertaker, Geo Schilling

Place of Business, Belmont Square

Louis B. Horn M. D.
Medical Attendant.

Address, Mulberry & Myrtle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over]

The Special Recognition of Physicians is respectfully invited to the record of the cause of death or disease on back of this certificate.

Health Department, City of Baltimore.

Permit No. A 1884 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 30th 1887.

Full Name of Deceased, Arville Hurwitz {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 Years, 7 Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lawyer.

Birth Place, Balt City. {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Life

Place of Death, 40600 N Charles St, {Give Street and Number.}

Cause of Death, Hodgkins Disease {First (Primary),
Asthenia {Second (Immediate),
Several Months

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Aug. 2nd 1887

{ Undertaker, H. W. Jenkins & Sons } Mont S. Smith M. D. Medical Attendant.

{ Place of Business, 201 N. Davidson St } Address, 24 W. Franklin St.

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Health Department, City of Baltimore.

Permit No. 1885 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1887

Full Name of Deceased, Darius Boyce

Sex, Male or Female, Male

Age, 71 Years, 0 Months, 0 Days

Color, White

Married, Single, Widow or Widower, Single

Occupation, Unknown

Birth Place, Ireland

Duration of Residence in the City of Baltimore, Don't know

Place of Death, Inst. Little Sisters of the Poor

Cause of Death, Phthisis Pulmonalis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, August 3rd

Undertaker, F. W. Trolle

Place of Business, 421 Hanover St. Address, Dr. Brooke Boyle M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 1886 Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Percy C. Thompson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Two (2) Years, Twenty One (21) Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give Street and Number. } No. 313 South Eden St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
Convulsions

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bates Cemetery

Date of Burial, Aug 2nd 1887

Undertaker, M. Clark & Co. Wm. H. Cleverley, M. D.

Place of Business, 229 Pa. Address, No. 418 N. Broadway

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 1887

Office of Registrar of Vital Statistics.

Ward 19th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
(No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.)

CERTIFICATE OF DEATH.

Date of Death, July 30, 1887
Full Name of Deceased, Henry C. Eich Jr. Write legibly and spell correctly. If an infant not named, give names of parents.
Sex, Male or Female, Cross out the word not required in this line.
Age, 17 Years, 8 Months, 5 Days.
Color, White
Married, Single, Widow or Widower, Cross out the words not required in this line.
Occupation, ✓
Birth Place, Baltimore, State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Lifetime
Place of Death, 1407 Mulberry St., Give Street and Number.
Cause of Death, Mitral regurgitation,
Exhaustion
Two Years.
Duration of Last Sickness, Two Years.
All the above information should be furnished by the Physician.
Place of Burial, Greenmount
Date of Burial, Aug 1st 1887
Undertaker, J. Lewis Schaffer
Place of Business, 316 N. Howard Address, 309 N. Euter St. Medical Attendant, J. W. Chambers M. D.

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[OVER.]

Special Attention of Physicians is respectfully invited to the fact that this Certificate is to be filled out and returned to the Health Department, City of Baltimore, and to the Registrar of Vital Statistics, Office of Registrar of Vital Statistics, Ward 8th.
Permit No. A 1888

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. B

CERTIFICATE OF DEATH.

Date of Death, July 31, 1888.
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philip Rinaman
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 67 Years, — Months, — Days.
Color, White.
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married.
Occupation, Bricklayer.
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland.
Duration of Residence in the City of Baltimore, Lifetime
Place of Death, { Give Street and Number. } No. 1233 Hope street.
Cause of Death, { First (Primary), Second (Immediate), } Cardiac Hypertrophy & Dropsy
Athemia.
Duration of Last Sickness, About four weeks
All the above information should be furnished by the Physician.
Place of Burial, Mount Olivet
Date of Burial, Aug 3rd 1888
{ Undertaker, Lewis Schaefer Aug. 6. E. Ewell M. D. Medical Attendant.
Place of Business, 316 W. Monument Address, 1241 Harford ave

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HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department City of Baltimore.

Permit No. 1889

Office of Registrar of Vital Statistics.

Ward 7 / 1

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Esther Quackebush.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 96 Years, Months, Days.

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } New York

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give Street and Number. } 220 W. Madison St.

Cause of Death, { First (Primary), Second (Immediate), } Old age
Exhaustion.

Duration of Last Sickness, _____
All the above information should be furnished by the Physician.

Place of Burial, Glendon Lane

Date of Burial, Aug 2nd 1887

{ Undertaker, } Wm. J. Perry C. O. Donovan M. D.
Medical Attendant.

{ Place of Business, } 4738 N. Eutan Address, 3118 Monument St.

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[OVER.]